

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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16	1					
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49						
50						

TOTAL IND.

2

TOTAL DEP.

31

TOTAL CLAIMS

33



TOTAL IND.

2

TOTAL DEP.

31

TOTAL CLAIMS

33

